

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/01236

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		0				
12		0				
13	1					
14						
15		2				
16		2				
17		2				
18		2				
19		2	1			
20		2				
21		2				
22		2				
23		0				
24		0				
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.		34				
TOTAL CLAIMS	36		36			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						